

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER		7	1-24-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	10303	4-16

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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